

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 166
Registered No. 26

1. PLACE OF BIRTH

County Gila State _____
District or Township _____ or Village _____
City Rayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child José Villegas **VILLEGAS** { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY In event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 7. Date of birth Apr 25 1926
Month Day Year

8. FATHER **VILLEGAS**
Full name Manuel Villegas

9. Residence (Usual place of abode) Ray, Arizona
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 46 (Years)

12. Birthplace (city or place) Guadalupe
(State or country) Mexico

13. Occupation Labour
Nature of industry Miner

14. MOTHER
Full maiden name Louisa Amador

15. Residence (Usual place of abode) Rayden
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 37 (Years)

18. Birthplace (city or place) Fort Angeles
(State or country) Honora Mexico

19. Occupation House wife
Nature of industry

20. Number of children of this mother 5 (a) Born alive and now living 4
(b) Born alive but now dead 1
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7:30 A.M. on the date above stated
(Born alive or stillborn)

Signature Charles H. Hueston M.D.
Rayden Arizona
(Physician or midwife).

Given name added from a supplemental report _____ Address _____
Month, day, year

Filed Apr 27, 1926 M B Nash
Registrar Registrar

152-425-319

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.